


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)**  
**DUE BY MAY 1, 2004**

<b>DOCUMENT # B03000000253</b> 1. Entity Name <b>RUGBY ASSOCIATES LLLP, LTD.</b>	
--	---

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 JAN 29 PM 4:18

Principal Place of Business <b>100 RIALTO DRIVE SUITE 615 MELBOURNE FL 32901</b>	Mailing Address <b>100 RIALTO DRIVE SUITE 615 MELBOURNE FL 32901</b>
---	---



MOORE CR2E003 (11/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>52-1146413</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent <b>SAPOURN, MICHAEL P 100 RIALTO DRIVE SUITE 615 MELBOURNE FL 32901</b>	
--	--

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. <b>\$874,029.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>874,029.00</b>	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION.
--	---	--

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	SAPOURN LEGACY LLC	STREET ADDRESS	
NAME	100 RIALTO DRIVE	CITY-ST-ZIP	
STREET ADDRESS	MELBOURNE FL 32901		
CITY-ST-ZIP			
DOCUMENT #	G03171700084	STREET ADDRESS	
NAME	KATHRYN R. SAPOURN-BALLAND FAMILY TRUST	CITY-ST-ZIP	
STREET ADDRESS	7901 BRICKYARD RD.		
CITY-ST-ZIP	POTOMAC MD 20854		
DOCUMENT #		STREET ADDRESS	
NAME	SAPOURN, STEVEN G	CITY-ST-ZIP	
STREET ADDRESS	774 MAYS BLVD. #10-295		
CITY-ST-ZIP	INCLINE VILLAGE NV 89451		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:**  **MICHAEL P. SAPOURN** 1/20/04 321-953-4686  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE